

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	M-G		9/23/99
O.I.P.E. CLASSIFIER		15	S21 EG
FORMALITY REVIEW		65703	10-1-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	9/23/99
2		✓	5/14/99
3		✓	10/21/99
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7	✓	✓	✓
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If more than 150 claims or 10 actions  
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